

Check one:  
Initial Application: \_\_\_\_\_  
Renewal: \_\_\_\_\_

No: P \_\_\_\_\_ Issued: \_\_\_\_\_

## ARIZONA STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS

### APPLICATION FOR PREARRANGED FUNERAL SALES ENDORSEMENT

1. NAME OF ESTABLISHMENT \_\_\_\_\_

PHYSICAL LOCATION \_\_\_\_\_

MAILING  
ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

RESPONSIBLE FUNERAL  
DIRECTOR \_\_\_\_\_

2. List below the names and addresses of persons owning ten percent or more of the common shares or other ownership or beneficial interest in the funeral establishment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The following information is required for initial application only:

Total amount of trust funds, including accrued interest, as of the quarter ending before date of this application: \$ \_\_\_\_\_

Total number of currently existing prearranged funeral agreements entered into under prior laws: \_\_\_\_\_

Total number of prearranged funeral agreement sold during preceding calendar year: \_\_\_\_\_

4. Have you enclosed the Corporate Surety Bond? yes \_\_\_ no \_\_\_ \$ \_\_\_\_\_

(bond amt.)

5. Have you enclosed the application fee? yes \_\_\_ no \_\_\_ \$ \_\_\_\_\_

THIS APPLICATION IS INCOMPLETE IF ALL ANSWERS ARE NOT PROVIDED AS REQUESTED

BACKGROUND REVIEW

1. Whether the designated funeral director, a manager, a corporate officer, a trustee, or, YES    NO  
an owner within seven years preceding the date of application, in any state or federal jurisdiction,  
has:

a. Been convicted of or entered into a plea of no contest to a felony or to a misdemeanor  
involving dishonesty, fraud, deception, misrepresentation,  
embezzlement, or breach of fiduciary duty; or \_\_\_\_\_

b. Been issued a judgment or consent order for consumer fraud,  
securities violation, or civil racketeering; \_\_\_\_\_

If any of the parties named in question one answered "yes" to 1(a) or 1(b), submit their names(s),  
address(es), alias(es), and telephone number(s) and the following:

- a. The charged felony or misdemeanor;
  - b. Date of conviction or judgment;
  - c. Court having jurisdiction over the felony or misdemeanor;
  - d. Probation officer's name, address, and telephone number, if applicable; and
  - e. A copy of the notice of expungement, if applicable; and
  - f. A copy of the notice of restoration of civil rights, if applicable; and
- \_\_\_\_\_

**NOTE:** In the event that the response to any of the questions above is "Yes," you must file an  
explanation and submit all court documents. Failure to properly answer these questions can result  
in Board disciplinary action, including revocation or Denial of license.

AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ being first duly sworn  
and upon my oath, depose and state:

I am \_\_\_\_\_  
(owner, responsible funeral director)

Of \_\_\_\_\_, duly licensed  
(name of funeral establishment)

in the State of Arizona and on behalf of which I make this affidavit being hereunto duly authorized. I, or the organization herein named, own the funeral establishment for which a prearranged funeral sales endorsement is sought by the foregoing application. I have read this application and I know the contents thereof, and the matters and things therein stated are true and correct.

\_\_\_\_\_  
(Signature)

Duly acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

THE APPLICATION FOR DESIGNATED FUNERAL DIRECTOR IS ON THE LAST PAGE BE SURE IT IS  
COMPLETED BEFORE SUBMITTAL OF THE APPLICATION.

DESIGNATED FUNERAL DIRECTOR

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Home Phone no. \_\_\_\_\_

Prior names or aliases: \_\_\_\_\_

Date and location of birth \_\_\_\_\_

PHOTOGRAPH

Addresses for the immediately preceding seven-year period; including dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ being first duly sworn and upon my oath, depose and state that I am the funeral director designated by the establishment making this application to offer or sell prearranged funerals. I have not been convicted of any felony or convicted of any crime involving dishonesty, fraud, deception, misrepresentation, embezzlement or breach of fiduciary duty in any state or federal court; nor have I been the subject of a consumer fraud, securities fraud or civil racketeering judgment or consent order in any state or federal court within the seven year period immediately preceding the date of this application, except as specifically disclosed on a separate sheet. I have read the foregoing application and know the contents thereof, and the matters and things stated are true and correct.

\_\_\_\_\_  
(Signature)

Duly acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

ENDORSE APPLIC